



Receipt No.: _____
City License No.: _____
Entered: _____
Approved/Denied By: _____
Approval/Denial Date: _____

CHILD CARE FACILITY LICENSE APPLICATION

- License Fee: ☐ Family Child Care (1 – 5 Children) - \$75.00
 ☐ Group Child Care (6 – 12 Children) - \$150.00
 ☐ Child Care Center (13 or more Children) - \$225.00

For office use only:
Health _____
Fire _____
CDS _____
Insurance _____

Business Name: _____

Business Address: _____

Mailing Address (If different from above): _____

Facility Telephone Number: _____ Alternate Telephone Number: _____

E-Mail Address: _____

Applicant Name: _____ Telephone No.: _____

Date of Birth: _____ Social Security Number: _____

Applicant Address: _____

Co-Applicant/Co-Owner Name: _____ Telephone No.: _____

Date of Birth: _____ Social Security Number: _____

Co-Applicant/Co-Owner Address: _____

Number of Staff: _____ Hours of Operation: _____

List All Persons Living at Facility:

Name: _____ Age: _____ Sex: ☐ M ☐ F

Name: _____ Age: _____ Sex: ☐ M ☐ F

Name: _____ Age: _____ Sex: ☐ M ☐ F

Name: _____ Age: _____ Sex: ☐ M ☐ F

Do you hereby authorize the City of Idaho Falls, its agents and employees to seek information and conduct an investigation into the truth of the information set forth in this application and in your qualifications? Yes _____ No _____

SELF DECLARATION STATEMENT

- YES* NO Have you, or any of your officers, chief agents, or facility residents:
- _____ _____ Had a Child Care Facility License, Child Care Worker License, or other similar permit or license denied, revoked, or suspended by the City, any State, or any other local agency?
- _____ _____ Have any outstanding warrants, or have received a Withheld Judgement, or been convicted of any felony or crime which under the laws of this State would be a felony?
- _____ _____ Ever been convicted or had a Withheld Judgment for any crime committed against children, child pornography or any offense involving sexual misconduct, pandering or prostitution?
- _____ _____ Registered, failed to register, or been required to register, as a sex offender in the State of Idaho as provided by Law, Idaho Code, Title 18, Chapter 83?
- _____ _____ Ever been diagnosed by a Licensed Counselor, Psychologist, Psychiatrist or Court appointed examiner as a pedophile?
- _____ _____ Been convicted or had a Withheld Judgment of any crime involving the use of alcohol, or the sale, possession, or use of drugs, to include the use or possession of drug paraphernalia?

* If yes to any of the above questions, please explain _____

STATEMENT OF OATH

I swear and affirm, under penalty of perjury pursuant to Title 18, Chapter 54, Idaho Code, that the statements contained in the above application for a Child Care Facility License are true and correct to the best of my knowledge.

Signature of Applicant

Date

STATE OF IDAHO)
 : ss.
County of Bonneville)

On this _____ day of _____, in the year _____, before me the undersigned, a Notary Public, personally appeared _____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

(SEAL)

Notary Public for the State of Idaho
Residing at _____, Idaho
My Commission Expires: _____

DOCUMENTS TO BE DELIVERED AT TIME OF APPLICATION:

1. A list of all owners of the Child Care Facility and their current mailing and street addresses for their place of residence.
2. A list of all Child Care Workers employed by the applicant and who are anticipated to provide child care at the facility, their mailing addresses and a copy of a current Child Care Worker's certification issued by the City for each worker included on such list.
3. A list of all On-Site Non-Providers who will have any contact with the children at the facility.
4. A certificate or letter signed by the Chief of Police or his designee certifying that a criminal background investigation has been completed within two (2) years previous to such application for the following persons:
 - a. All owners who will have regular contact with children;
 - b. All residents twelve (12) years of age and older at the facility;
 - c. Any spouse or significant other of an Owner; and,
 - d. All residents 12-17 years of age must have a Juvenile Justice Search.
5. A certificate issued by the EIPHD (Eastern Idaho Public Health District) issued within ninety (90) days previous and certifying that the Facility meets the requirements of Idaho Code Section 39-1110.
6. A certificate issued by the Fire Marshall certifying that the Child Care Facility has been inspected and meets the requirements of the International Fire Code, as adopted by the City, as well as Idaho Code Section 39-1109, and Idaho Administrative Code Section 18.01.55.
7. A certificate issued by the Director of Community Development Services Department certifying that the Child Care Facility has been inspected and that it meets the provisions of the International Building Code and other applicable health and safety codes of the City.
8. A certificate issued by the Director of Community Development Services Department certifying that the Child Care Facility is a permitted use within the zone in which the facility is located.
9. Proof of liability insurance for child care.